NOTICE OF AND REQUEST FOR RESTRICTIVE PURCHASE OF SERVICE PURSUANT TO §103F-403, HRS

13 DEC -3 A8:27

31ATE PROCUREMENT OFFICE STATE OF HAWA!!

To:

Chief Procurement Officer

From:

Health/Director's Office/Developmental Disabilities Council Department/Division/Branch or Office

Pursuant to §103F-403, HRS, and Chapter 3-144, HAR, the department head has made a determination that an adequate basis for a restrictive purchase of services exists and requests approval to make a restrictive purchase for the following:

LIIC	ionowing.						
1.	Title and description of health and human service(s): The Donated Dental Services program provides comprehensive dental services for individuals who are elderly, individuals with a disability or individuals who are medically compromised. The program recruits dentists and dental laboratories to volunteer their services and supplies to provide comprehensive dental services to the target population.						
2.	Provider Name and Address:	National Foundation of Dentistry for the Handicapped 1800 15 th Street, Suite 100 Denver, Colorado 80202					
3.	Total Contract Funds:	\$48,684					
	Contract Funds per Year (if applicable):	\$24,342					
4.	RH No. of Previous Request for this Service (if applicable)	13-03 المهل					
5.	Term of Contract: Start:						
	If the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer than 1 year, properties that the contract term is longer to the contract term is	rovide justification for the extended term: ds for the next two years for FY 2013-2014 and FY 2014-2015					

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6. Describe the circumstances justifying a restrictive purchase:

The National Foundation of Dentistry for the Handicapped (Foundation) is located in Denver, Colorado, is a non-profit organization, and is a charitable affiliate of the American Dental Association. The Foundation is the only known provider in the United States that organizes and operates donated dental services for individuals who are elderly, individuals who have a disability or individuals who are medically compromised. There are no known organizations in the United States that coordinate or implement donated dental services. The DDS program remains unique to the Foundation, therefore, it is not practical or in the best interest of the program to competitively procure the services.

7. Describe the efforts and results in determining that this is the sole provider who can render services. Include approximate dates:

The Foundation first initiated donated dental services in 1985 and have since operated donated dental services nationwide. The Foundation has been implementing the Hawaii DDS program since January 2002 pursuant to Chapter 103F (Restrictive Purchase of Service) and is administered by the Department of Health through the State Council on Developmental Disabilities (Developmental Disabilities Council). Implementation of the program includes recruiting, hiring and maintaining staff necessary to carry out the activities of the program (recruitment and coordination of volunteer dentists and dental laboratories); providing training for staff; providing fiscal, personnel, and program management; ongoing evaluation; preparing financial and program reports; and developing plans for financial stability for the program.

Dr. David Fray, Chief of the Developmental Disabilities (DD) Division, Department of Health and Loren Liebling, Executive Director of the Hawaii Dental Association (HDA) were contacted regarding administering the program through a contract with the Foundation. Dr. Fray indicated that they would have to hire an employee and getting approval might be a challenge. Until they get a new Branch Chief, they would not be able to respond to any RFI or RFP. Mr. Liebling responded that at this time HDA was not interested in implementing the program.

8. List state agency personnel, by position title, who will be involved in the approval process and administration of the contract:

Waynette K.Y. Cabral Executive Administrator

9. Direct questions to (name & position):

Waynette K.Y. Cabral

Executive Administrator

Phone number:

808-586-8100

e-mail address:

waynette.cabral@doh.hawaii.gov

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I certify that the information provided above is to the best of my knowledge true and correct.

Department Head Signature

DEC - 2 2013

Loretta J. Fuddy, A.C.S.W., M.P.H.

NOTHCE

Pursuant to §103F-403, Hawaii Revised Statutes and Chapter 3-144, Hawaii Administrative Rules, the aforementioned purchasing agency has submitted a request to the chief procurement officer for a restrictive purchase of service for health and human services, and if approved, intends to purchase the service without issuing a request for proposals.

Any person may file a written protest under the procedures established under Chapter 3-148, Hawaii Administrative Rules, located on the web at www.spo,hawaii.gov, click *Statutes and Rules* and *Procurement of Health and Human Services*. Protests shall be hand delivered or postmarked by United States Postal Service within seven (7) days after the date this notice is first published on the internet. If hand delivered it must be submitted by 4:30 PM, Hawaii Standard Time, within seven days after day this notice is first published. Protests must be submitted to the following procurement officer and head of the purchasing agency:

Procurement Officer for this Procurement Waynette K.Y. Cabral Department of Health, State Council on Developmental Disabilities 919 Ala Moana Blvd., #113 Honolulu, Hawaii 96814 Head of Purchasing Agency Loretta J. Fuddy, A.C.S.W., M.P.H. Department of Health 1250 Puncbowl Street, Room 326 Honolulu, Hawaii 96813

Protest forms and instructions are on the web at: www.spo.hawaii.gov, click Health and Human Services, Chapter 103F... and Forms for Private Providers. Questions should be directed to the contact person noted in item 9 of the request.

Published:

DEC 3 2013

SOR CHIEF PROCESSIONS (FINE DRIVERS ONLY Chief Procurement Officer's Comments:

This approval is for the period 12/3/13 to 6/30/15 and for the procurement process only. Service provider is required to be compliant with applicable laws and verified on the Hawaii Compliance Express, if applicable. This award is required to be posted on the Awards Reporting system. If there are any questions, please contact Corinne Higa at 5887-4706, or corinne.y.higa@hawaii.gov.

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APPROVED DISAPPROVED	Chief Procurement Officer Signature	1/27/14 Date

Please ensure adherence to applicable administrative requirements.



Solicitation Number: RH No. 14-02

Department: State Procurement Office

County/Island(s): Statewide

Category (Select One): Health and Human Services

Publication Date: 12/03/2013

Due Date: 12/10/2013 - 16:30PM HST

Solicitation Number: RH No. 14-02

Description: Notice of request for restrictive purchase of services. Comprehensive

dental services for individuals who are elderly, individuals with a

disability or individuals who are medically compromised.

Contact Name: Waynette K.Y. Cabral

Phone Number: 808-586-8100

E-mail Address: waynette.cabral@doh.hawaii.gov

Comments: IFB/RFP/RFI,

Professional Svcs., etc. rh14_02.pdf

documents:

Pre-Bid / Pre-Proposal / Orientation Conference

Conference Scheduled:							
Date/Time:							
Address:							
City:							

Additional Info:

Addenda

Zip Code:

Amended:

Date Last Amended:

Close